

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. 09/848271	FILING DATE			
							APPLICATION				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2							52				
3		1					53				
4		1					54				
5		1					55				
6		1					56				
7		1					57				
8		1					58				
9		1					59				
10		1					60				
11		1					61				
12		1					62				
13		1					63				
14		1					64				
15		1					65				
16		1					66				
17		1					67				
18		1					68				
19		1					69				
20	1		1				70				
21	1		1				71				
22	1		1				72				
23		1		1			73				
24		1		1			74				
25		1		1			75				
26		1		1			76				
27		1		1			77				
28		1		1			78				
29		1		1			79				
30		1		1			80				
31		1		1			81				
32		1		1			82				
33		1		1			83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3		6		2		TOTAL IND.				
TOTAL DEP.		7		4			TOTAL DEP.				
TOTAL CLAIMS	3	7	6	4	2		TOTAL CLAIMS				